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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	05129-00072-US	
		First Inventor	Roland Callens et al	
		Title	METHOD FOR SYNTHESIZING PEPTIDES COMPRISING AT LEAST ONE GLYCINE MOLECULE	
		Express Mail Label No.	ER 375181738	
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>MS Patent Application</b> <b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 20]</span>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets ]</span> 5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets ]</span>		<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="border: 1px solid black; padding: 2px;">[ ]</span> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="border: 1px solid black; padding: 2px;">[ ]</span> Copies of IDS <i>Citations</i> 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">[ ]</span>		
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No.: _____ <i>Prior application information: Examiner _____ Art Unit: _____</i> <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. <i>The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</i>				
<b>19. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px;">23416</span>		OR <input type="checkbox"/> Correspondence address below		
Name				
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Country		Telephone	Fax	
Name (Print/Type)		Registration No. (Attorney/Agent)		35,646
Signature		<i>Ashley I. Pezzner</i>		Date October 2, 2003

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1144.00	Attorney Docket No.	05129-00072-US
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<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEES CALCULATION</b> (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account		<b>3. ADDITIONAL FEES</b>			

Deposit Account Number	03-2775	Large Entity	Small Entity	Fee Description	Fee Paid
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Deposit Account Name	Connolly Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge - late filing fee or oath
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The Director is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
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<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	1053	130	1053	130	Non-English specification
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<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
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<b>FEES CALCULATION</b>	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
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<b>1. BASIC FILING FEE</b>	1251	110	2251	55	Extension for reply within first month
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Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
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1001	750	2001	375	Utility filing fee	770.00
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1002	330	2002	165	Design filing fee	
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1003	520	2003	260	Plant filing fee	
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1004	750	2004	375	Reissue filing fee	
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1005	160	2005	80	Provisional filing fee	
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<b>SUBTOTAL (1)</b>	<b>(\$)</b> 770.00
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>	1252	410	2252	205	Extension for reply within second month
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Extra Claims	Fee from below	Fee Paid
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Total Claims	36	-20** =	16	x 18.00	= 288.00
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Independent Claims	4	-3** =	1	x 86.00	= 86.00
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Multiple Dependent					
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<b>SUBTOTAL (2)</b>	<b>(\$)</b> 374.00
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\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

<b>SUBTOTAL (3)</b>	<b>(\$)</b> 0.00
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SUBMITTED BY					
Complete (if applicable)					

Name (Print/Type)	Ashley I. Pezzner	Registration No. (Attorney/Agent)	35,646	Telephone	(302) 658-9141
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Signature	<i>Ashley I. Pezzner</i>	Date	October 2, 2003
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Application No. (if known):

Attorney Docket No.: 05129-00072-US

## **Certificate of Express Mailing Under 37 CFR 1.10**

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J. Lynn Ferry  
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Typed or printed name of person signing Certificate

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Application Data Sheet  
Utility Transmittal  
Fee Transmittal Sheet  
Specification  
Preliminary Amendment  
Information Disclosure Statement (SB-08)  
And References  
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